

before pushing back the peritoneum, the viscus may be opened with safety.

In establishing a perineal opening it is done in the same way as the "boutonniere" operation, the urethra being opened on a sound, the only difference being that usually there is a healthy urethra to deal with instead of a strictured one.

For drainage he employs a rubber tube, 1 cm. in diameter, with very thick walls; the tube is perforated in a couple of places and pushed up to the posterior wall of the bladder, and no openings are made in the tube near the anterior wall of the bladder, and where it passes through the urethra. To prevent his drainage tube from slipping out of place, he fastens it to the perineum by a wire suture.

He closes the bladder by catgut etage suture and packs the overlying wound with iodoform gauze. He seldom allows his perineal drainage tube to remain in place over eight days.—*Centbl. f. Chirg.*, 1889, No. 42.

F. C. HUSSON (New York).

EXTREMITIES.

I. On Perforating Cutaneous Ulcers in Consequence of Neuritis. By DR. P. HELMING (Tübingen). This article is based on a case of perforating ulcer of the upper extremity—the first one known in which a histological examination was also obtained. The patient was a working man, æt. 52 years. His trouble began with a painful swelling of the whole right arm 15 years previously. This in a few weeks subsided somewhat, leaving eight red spots on palm and dorsum of hand that broke and discharged. These healed up in about 10 weeks. The next outbreak occurred 11 years later, and this time on the upper arm. A couple of years later a like process attacked the little finger, with loss of the end and part of the second phalanx. Quite recently the elbow became involved.

Sensation in right arm diminished since first attack; subjective feeling of coldness in it; pressure, temperature and localization senses decidedly impaired, whilst that for pain is almost lost (analgesia). Right arm somewhat fuller than left, partly from cedema. Nails on right

hand are short, dry and cracked. Scars of the former troubles. Faradic reactions normal. Patient otherwise healthy. At his earnest wish the arm was amputated a little below the middle of the humeral portion. Primary union. Man discharged in 13 days.

The joint surfaces of the elbow were largely denuded of cartilage. The three main nerve trunks of the arm were much thickened, the median being of more than double size. A microscopical examination of these was made by Prof. Nauwerck who found a chronic neuritis with atrophy of the nervous elements. The atrophy of the median was not excessive where most affected, not over a quarter to a third of the nerve-fibers being lost. Endoneurium, perineurium and vessels variably thickened and sclerotic. On the ulnar and radial a neuritis characterized by infiltration and proliferation, the atrophy being slight. Clinically and histologically, then, this was a case of limited neuritis. The various known causes are gone over, but as none was found here the case is put down as spontaneous. This neuritis was without doubt the cause of the trophic disturbance.

The case is analogous to what is known as perforating ulcer of the foot. Péraire (*Arch. Gen. de Med.*, 1886) has collected 27 similar cases affecting the hand, under the term "mal perforant palmaire." In 19 of these local nerve injury was the cause, whilst in 8 he assumed a central origin (tabes, myelitis, etc.) One of his cases (from Rabainé) was very similar to that of Helbing. The pathological process in such troubles Helbing considers, in harmony with Pitre's and Vaillard's observations on the lower extremities, to be an interstitial inflammation, documenting itself by a nuclear increase in the neuro-connective tissue, with secondary atrophy of the nerve-elements.—*Bruns' Beiträge z. klin. Chirg.*, 1889, Bd. v., hft. ii.

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TUMORS, ABCESES.

I. **Lupus Treated with Ice.** By KLAUS HANSEN. A woman suffering from lupus of the lower lip and chin was treated by means of caustics, the galvano-cautery and curetting under chloroform (narco-